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FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT DEP. DEP. OEP. IND. DEP. IND. IND. TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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